

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Practical Contributions to Ophthalmic Surgery. By CHARLES E. HACKLEY, M.D., of New York.

Having recently met with some curious cases of "foreign bodies," etc., about the eyelids, I respectfully offer their histories, with some few remarks on them to the profession.

CASE I. M—, a German, æt. forty-two, consulted me about his eye. The upper lid was somewhat swollen and red; on being everted it was found to be covered by granulations, which were red and abundant.

It is not rare to see one eye suffering from granular conjunctivitis, while the other is comparatively free from it; and this happens (according to my observation) almost always in the right eye; it probably being rubbed most frequently with unclean hands, etc. Still there was an unusual appearance about the eye in question, causing me particularly to inquire into its history. The eye had been sore about six months from no known cause. The lid was fully everted and touched with a ten-grain solution of nitrate of silver.

At the next visit, the condition was the same; suspecting that there might be some foreign body present, a probe was passed behind the cartilage, and a white body brought to view at the internal canthus, which, on removal, proved to be an "eye-stone." The patient then remembered that about six months previously a foreign particle had entered his eye; an "eye-stone" was sent in after it, as a weasel is sent in a hole after a rat. He supposed the stone had dropped out while he slept; a conjecture confirmed by his wife, who said she had seen it in the bed.

After the removal of this body the eye soon recovered under the use of astringents.

Although chagrined at the time that this foreign body, free under the lid, had escaped my observation at the first visit, I have since met cases that had, at various times, been under the treatment of different surgeons who had failed to find the cause of their "granular lids."

CASE II. G—, a boy, æt. sixteen, was brought for treatment to the "Wills Hospital," in Philadelphia, some years since, when I was Resident Physician there. From under the right upper eyelid protruded a mass of granulations, which were so painful that for examining and removing them it was necessary to give anaesthetics. The attending surgeon was snipping off the granulations with the scissors, when "something hard" was felt between the blades; on being seized and extracted by forceps, this "something" proved to be an *entire beard of wheat*, which, on returning to consciousness, the boy was quite certain must have entered the eye two months previously while he was playing in the harvest field.

After the removal of the cause of irritation the lid quickly recovered under cold water applications.

detected and its odour was also distinct. He then learned that his family were similarly affected.

To verify his suspicion as to the cause of his increased urinary secretion, he selected, he says, "some of the oldest comb that contained the greatest quantity of the bread, and separated it from the honey and comb; then, after abstaining a week from the use of my favourite sweet, and getting quite over my renal disease, as well as my unnecessary alarm, I partook of the bread, without the luxury of the honey, to the extent of $\frac{3}{4}$ three times per day, when, as I was expecting, back came the enormous secretion, but this time producing an entirely different effect upon my mind, so that I was now prepared to investigate the effects a little more at length. I continued taking $\frac{3}{4}$ per day, for about a week, during which time I voided from four to six fluid pounds per day, the difference being the greatest when I was at some out-door exercise. When I remained quiet, in my warm office, there was from one to one and a half pounds less secretion than when exercising. I also repeated the same experiment on my children, and found, to my entire satisfaction, that this article possesses most valuable diuretic powers, and there seemed to be no disagreeable symptoms following its use, excepting a slight degree of flatulence and a looseness of the bowels produced, the latter of which is not, unfrequently, very desirable, particularly in dysuria, where there is irritation of the neck of the bladder and urethra, or, even in strangury, where there is absolute inflammation of the urinary passages. This, to me, is the more evident, from the enormous quantity of urine secreted, and, consequently, any irritating quality that it might contain would be so diluted as to be rendered entirely mild and inoffensive to the delicate structure of the urinary passages.

"One advantage this article has over many others of its class is, that it is entirely palatable and inoffensive to the stomach, producing no irritation or nausea of the latter organ."

FISKE MEDICAL PRIZE QUESTIONS.

The Trustees of the Fiske Fund, at the Annual Meeting of the Rhode Island Medical Society, held in Providence, June, 1865, gave notice that no awards had been made on the questions proposed by them for premiums for the present year.

They propose the following subjects for 1866:—

1st. VACCINATION. WHY DOES IT EVER FAIL TO GIVE PERFECT PROTECTION?

2d. PYÆMIA; CAUSES, PATHOLOGY AND TREATMENT.

For the best dissertation on either of these subjects the Trustees will pay One Hundred Dollars.

Every competitor for a premium is expected to conform to the following regulations, viz:—

To forward to the Secretary of the Trustees, on or before the first day of May, 1866, free of all expense, a copy of his dissertation, with a motto written thereupon, and also accompanying a sealed packet, having the same motto inscribed upon the outside, and his name and place of residence within.

Previously to receiving the premium awarded, the author of the successful dissertation must transfer to the Trustees all his right, title, and interest in and to the same, for the use, benefit, and behoof of the Fiske Fund.

Letters accompanying the unsuccessful dissertations will be destroyed by the Trustees, unopened, and the dissertations may be procured by their respective authors, if application be made therefor within three months.

SYLVANUS CLAPP, M. D., North Providence,
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S. AUG. ARNOLD, M. D., Providence, *Secretary.*

On the Local Application of the Subnitrate of Bismuth to Prevent Pitting in Variola. By WILLIAM R. HAMILTON, M. D., of St. Augustine, Knox County, Illinois.

About the 10th of February, 1864, my wife, at thirty-seven, rather plethoric and somewhat corpulent, contracted smallpox from an unknown source. The premonitory symptoms were very severe, and in due course of time the eruption appeared. As soon as the pock filled on the face I applied the creta preparata as an absorbent, first smearing the surface with sweet oil. After one or two applications of this, and reflecting on the effects of the subnitrate of bismuth when applied locally to ulcers, I then combined the creta preparata and subnitrate of bismuth in equal quantities, and applied twice a day, after lubricating the face with sweet oil as before. The face was also covered with a black masque. The disease passed through its regular stages of maturation and decline, without any very untoward symptom; and there are but very few marks on the face, the only part to which the medicine was locally applied. It would be proper to state that I had vaccinated my wife only a few days before symptoms of variola manifested themselves; and the vaccine did not show itself until after the smallpox. I vaccinated a number of other persons from the same scab that I had used for my wife, and they all passed through the regular stages of vaccinia.

The second case was that of J. G. W., a native of Alabama, at seventeen, light hair, fair skin, and blue eyes, who caught the infection on the passage from his native state to Ohio, where I at that time resided (1864). He had no knowledge of having ever been vaccinated, nor, on the most minute search, could I find any evidence of it. His attack was distinct smallpox, except on his face and hands, which was confluent; indeed, there appeared to be but one pock from his eyes to his chin, as well as on the dorsal aspect of his hands. On the whole, his attack was severe, but did not cause any unusual symptoms. In this case I applied the subnitrate in its pure state to the face and hands twice a day, after lubricating the parts with sweet oil, as in the other case; and there is scarcely a pit to be found on his face, and on his hands not one. The face was covered as in the other case, but his hands were left uncovered.

There seemed to be another advantage from the application of the bismuth, namely, the scabs on the parts to which it was applied, came off two or three days earlier, and, as it seemed, more readily than from other parts.

Poisoning by Veratrum Viride. By J. B. BUCKINGHAM, M. D., of Bloomville, Seneca County, Ohio.

The case of poisoning by veratrum viride recorded in last No. of this Journal, page 284, calls to mind a similar case which occurred some years ago in my practice, which seems to me may be worthy of note.

H. C—, an adult, who had been taking fluid extract of valerian for some nervous derangement, stepped into a drug store, picked up a bottle, thinking it was valerian, and took a swallow and passed it to a friend (a lawyer) remarking, take some of this, it will improve your oratory. The latter, being ambitious, also took a swallow, and soon after left the store. In about half an hour afterwards, I was hastily summoned to see the *orator*, whom I found in the following condition: Almost speechless, retching and vomiting incessantly, bathed in profuse cold perspiration, pulse scarcely perceptible in the radial artery. I administered at once a full teaspoonful of laudanum, after which there was no more vomiting,

I remained until the 6th; then was sent to the White House; from thence to Annapolis, Md.; remained there until July 15th, when I rejoined my command, and was granted "leave of absence." After my arrival home my general health commenced failing. August 13th.—My leg and back (spine) were in as poor a condition as at any time since my injury. Since this time I have been gradually improving. For three months or more I had a severe pain on the left side of my head—a spot as large as a dime—like the driving of a nail into the head. I feel this at times yet, when tired or excited. At the present time (Jan. 7, 1865) the muscles of the leg, above the knee (front), are tender and sore; also those below the knee. When walking, I am unable to bend the knee naturally, and feel a cutting sensation through the calf of the leg. I have sharp, darting pains through the upper part of the chest. My appetite has been excellent most of the time, and digestion good; however, it has seemed to do me but little good. My system is very weak; the least exposure to the cold or wet confines me to my room.' I will add that, in Captain R.'s case, the paralysis was distinct and well marked, affecting the right leg and arm.

"In neither of the preceding cases was there wound or contusion. The violence affecting the nervous centres operated through the medium of the atmosphere at a greater or less distance."

In regard to Case II., Dr. B. remarks, "It presents some peculiarities upon which I wish to comment; and the point is, the complete change which the explosion produced in the moral and affective faculties of the man. He had acquitted himself creditably in the battles of the first Bull Run, West Point, and Gaines' Mill—had risen from the ranks to a lieutenancy, and had been appointed adjutant of his regiment; and no stain of cowardice or other unofficer-like conduct was upon his record down to the time of his receiving the injury. His subsequent course indicates a complete perversion of the character he had formerly borne—a change not only equal to, but strongly resembling what is seen in cases of derangement from ordinary causes; and one inducing movements as uncontrollable, and as much beyond his power to restrain, as were the muscles of the palsied limbs in the other cases beyond the power of volition to excite them.

"The exigencies of the service, without doubt, required that the place of this officer should be supplied with another; but I am far from believing him culpable in the highest degree for his refusal to return to duty. That his mind was not in a sound condition is by no means improbable; on the contrary, the sudden transformation of the man, the subsequent total disregard of consequences, and of every consideration affecting his reputation which he exhibited, closely simulates well recognized *irresponsible* conditions of the human intellect."

Ovariotomy.—Dr. GEO. T. ELLIOT, JR., gives (*New York Med. Journ.*, Sept. 1865) a very elaborate report of a case of multilocular, exogenous, ovarian tumour in a woman thirty years of age, which he removed on the 1st of June last. The tumour was entirely free from adhesions; had a small, thin, flat pedicle, and after removal weighed seven pounds. A three-strand white silk double ligature was passed through the base of the pedicle with an awl-shaped needle, and tied in both directions, after which the pedicle was cut. The ligatures were cut close to the stump, and the pedicle returned into the abdomen. The incision in the abdominal parieties was about five inches.

The patient died on the tenth day; the post-mortem did not satisfactorily explain the cause of death.

Bee Bread as a Diuretic.—Dr. JAS. S. WURMIRE states (*The Chicago Medical Examiner*, September, 1865) that he has found the bee bread¹ to be a most powerful diuretic. He made the discovery accidentally. Having bought a quantity of honey in the comb, he feasted liberally on it with his family for four or five weeks, and noticed that his secretion of urine was largely increased. Fearing that his kidneys were diseased, he examined for albumen without finding any, and afterwards for sugar by the taste, when the taste of bee bread was

[¹ The pollen of flowers collected by bees as food for their young.—ED.]